

SERIAL NUMBER	FILING DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.
09/359,083	07/22/99	709	2756	VISAP016

APPLICANT VIRGIL M. DAVIS, LOS ALTOS, CA; SUZANNE C. CUTINO, SAN FRANCISCO, CA;
MARGARET REID, SAN FRANCISCO, CA; STEVE R. HOFFMAN, PLEASANTON, CA.

CONTINUING DOMESTIC DATA***
VERIFIED

None of 8/5/02

371 (NAT'L STAGE) DATA***
VERIFIED

None of 8/5/02

FOREIGN APPLICATIONS***
VERIFIED

None of 8/5/02

IF REQUIRED, FOREIGN FILING LICENSE GRANTED 08/13/99

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY CA	SHEETS DRAWING 25	TOTAL CLAIMS 33	INDEPENDENT CLAIMS 7
Verified and Acknowledged Examiner's Initials _____ Initials _____					

SEE CUSTOMER NUMBER: 022434

ADDRESS

TITLE

INTERNET PAYMENT, AUTHENTICATION AND LOADING SYSTEM USING VIRTUAL
SMART CARD

FILING FEE RECEIVED	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
\$1,436		



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UNITED STATES PATENT AND TRADEMARK OFFICE
WASHINGTON, D.C. 20231
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BIBDATASHEET

CONFIRMATION NO. 2317

Bib Data Sheet

SERIAL NUMBER 09/359,083	FILING DATE 07/22/1999 RULE	CLASS 705	GROUP ART UNIT 3624	ATTORNEY DOCKET NO. VISAP016
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APPLICANTS

VIRGIL M. DAVIS, LOS ALTOS, CA;

SUZANNE C. CUTINO, SAN FRANCISCO, CA;

MARGARET REID, SAN FRANCISCO, CA; STEVE R. HOFFMAN, PLEASANTON, CA;

** CONTINUING DATA *****

NONE *DD* 9/7/02.

** FOREIGN APPLICATIONS *****

NONE *DD* 9/7/02

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 08/13/1999

Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance <i>[Signature]</i> Examiner's Signature Initials	STATE OR COUNTRY CA	SHEETS DRAWING 25	TOTAL CLAIMS 33	INDEPENDENT CLAIMS 7
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ADDRESS

22434

BEYER WEAVER & THOMAS LLP

P.O. BOX 778

BERKELEY, CA

94704-0778

TITLE

INTERNET PAYMENT, AUTHENTICATION AND LOADING SYSTEM USING VIRTUAL SMART CARD

FILING FEE RECEIVED 1436	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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